

**STORMWATER DISCHARGE OUTFALL (SDO)  
ANNUAL SUMMARY DATA MONITORING REPORT (DMR)  
Calendar Year**

General Permit No. NCG200000

Certificate of Coverage No. NCG20

***This monitoring report summary is due to the DEMLR Regional Office no later than March 1<sup>st</sup> of each calendar year.***

Facility Name: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Total no. of SDOs monitored \_\_\_\_\_

**Outfall No.**

Is this outfall currently in Tier 2 (monitored monthly)? Yes ☐ No ☐

**Was this outfall ever in Tier 2 (monitored monthly) during the past year?** Yes ☐ No ☐

**If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?**

Enough consecutive samples below benchmarks to decrease frequency ☐

Received approval from DEMLR to reduce monitoring frequency ☐Other ☐[illegible]

Additional Outfall Attachment (make copies as needed for additional outfalls)

**Outfall No.** \_\_\_\_\_

**Is this outfall currently in Tier 2 (monitored monthly)?**

Yes ☐ No ☐

**Was this outfall ever in Tier 2 (monitored monthly) during the past year?**

Yes ☐ No ☐

**If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?**

Enough consecutive samples below benchmarks to decrease frequency ☐

Received approval from DEMLR to reduce monitoring frequency ☐

Other \_\_\_\_\_ ☐

Outfall _____	Total Rainfall, inches	00530	00340	Non-polar oil & grease, mg/l	01119	01114	01094
		TSS, mg/l	COD, mg/l		Copper, mg/l	Lead, mg/l	Zinc, mg/l
<b>Benchmark</b>	<b>N/A</b>	<b>100/50</b>	<b>120</b>	<b>15</b>	<b>0.010/0.005 fresh/salt</b>	<b>0.075/0.210 fresh/salt</b>	<b>0.126/0.090 fresh/salt</b>
<b>Date Sample Collected, mo/dd/yr</b>							

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Other \_\_\_\_\_ ☐

[illegible]

"I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

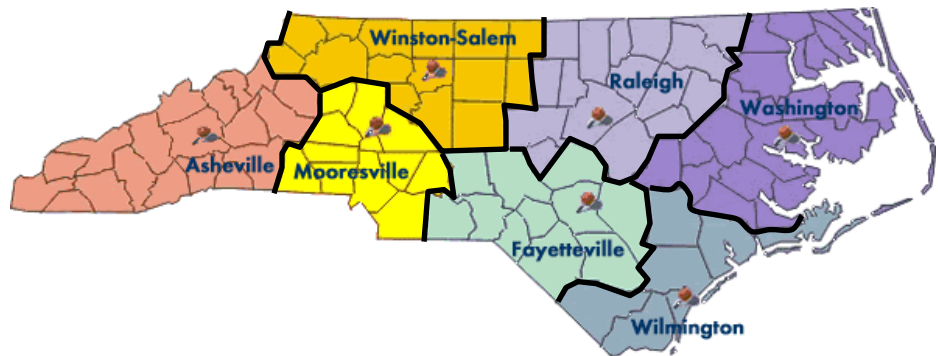
Signature \_\_\_\_\_

Date \_\_\_\_\_

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